



State of New Jersey
Department of Banking and Insurance
Third Party Administrator (TPA)
APPLICATION FOR TEMPORARY INITIAL
LICENSURE OR REGISTRATION CERTIFICATION
FORM

CERTIFICATION

I _____ certify that I am authorized to file this certification on
(Name and Title of Officer or Director)

behalf of the applicant, the information set forth in the enclosed application is true and complete to the best of my knowledge, belief, and information, and that the Commissioner of Banking and Insurance may rely on the information set forth herein, in issuing a temporary initial license or certification pursuant to N.J.S.A. 17B:27B-1 et seq.

I further certify that _____ is familiar with and is in
(Name of TPA Applicant)

compliance with the requirements set forth in N.J.S.A. 17B:27B-1 et seq., N.J.A.C. 11:23-1 et seq. and all other applicable law, and that the applicant has met or exceeded the requirements stated therein. In addition, the applicant meets the definition of a TPA and does not assume financial risk,

Signature of Officer or Director

Full Legal Name (Type or Print)

Title

Date

State of _____

County of _____

Personally appeared before me the above named _____
personally known to me, who, being duly sworn, deposes and says that he executed the
above instrument and that the statements and answers contained therein are true and
correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____
20____.

(Notary Public)

My Commission Expires _____

Seal